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FOR PUBLIC AFFAIRS STAFF

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SUBJECT Drug and Alcohol Abuse

JIM DYER: It is a problem that hits every age group, every income level and every region in the country. The problem, of course, is drug and alcohol abuse on the job, and it costs industry as much as \$15 billion a year in slowed productivity, absenteeism and irrational decisions. In a city like Washington, it's no surprise that a large number of federal workers fall into the category of drug abuser. However, there is a place to turn for help.

FRANK: I'm convinced I'd be dead today because one of the things I like to do is drink and drive after I had been drinking. And I really honestly don't think I would have made it this far. I feel right now I'm living on borrowed time.

DYER: Frank doesn't drink or take drugs anymore, and every day he thinks about his alcohol and drug addiction. He goes to work reliably every day, but it hasn't always been like that.

Frank works for the federal government. Ironically, it's the Food and Drug Administration. Experts say that alcohol and drug abuse is widespread on the job and the federal government is no different. Some say as many as one in ten workers is an alcoholic, one in twenty addicted to drugs.

Amy Barkan works with people who are trying to fight their addictions. She says part of the problem is that federal workers are afraid they'll lose their jobs if they ask for help at a counseling center.

AMY BARKAN: Will my discussion here in this unit be confidential or everyone know? Will I lose my job if I come

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here? Will I be labeled sick if I come here? Why can't it just be the job? Why does it always have to be me? The environment itself can induce some kinds of problems. So that these are some of the barriers that we're constantly meeting to address in targeting our audience rkin also trains managers to help workers with problems, teaching them the signs of alcohol and drug abuse, a long string of absences, long lunches, if they're frequently absent before or after weekends, lower productivity, a change in appearance, irritability and temper tantrums along with missed deadlines.

DAVID: I was having difficulty getting to work. And when I was here I was having difficulty concentrating. And after a while I just wasn't there much. You know, I wasn't calling in. I was taking the phone off the hook at home.

DYER: David and Frank both got help through the counseling service at the Public Health Service. For Frank it was the first step after a brush with disaster just after Christmas.

FRANK: I nearly hit another car head-on on a holiday weekend, and my daughter was in the car with me, and it scared me and her, and I'm sure the people in the other car didn't appreciate it either. And I thought after that that I needed to get some help.

DYER: Both say it was a move athat reshaped their lives in helping them deal with their addiction.

DAVID: Of course, there is no cure. It's just something -- it's an incurable disease and it sure. It's just something -- it's an incurable disease and it simply can be arrested with the proper treatment.

FRANK: Thank God for this program. It's given me a new lease on life.

DYER: Well, before people can get help they have to face the fact that they do indeed, have a problem. And the employer, be it the government or a private business, has to recognize it as well.

Dr. Dale Masi of the University of Maryland has set up the Government's Employee Counseling Program and she has done the same for businesses.

First things first, Dr. Masi. Thank you for being here.

DR. DALE MASI: Thank you very much for inviting me.

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DYER: How widespread a problem is this? Is it easier for us to understand it in terms of numbers?

DR. MASI: Yes. I think it might be, Jim. And I think one of the things is -- that really surprises us all is really the extent of it. I think we are very safe in saying that at any given day in most work situations, from 18 to 20 percent of our population -- we are losing, of the work population, 25 percent of productivity due to alcohol and drugs and other problems. Now those other problems are also emotional problems. But for the most part, addiction problems are at least -- may be 12 to 14 percent. That is not including family members.

For each person with an alcohol or drug problem we know that there are four people directly affected. On the job that's the supervisor or the manager or the peers.

DYER: All right. Now, you're in the workplace at least eight hours a day, many of us more, maybe ten hours, twelve hours.

DR. MASI: That's right. That's right.

DYER: You're spending an awful lot of time there. Here's an opportunity for someone to help you. What's an employer going to look for? What are the signs they're going to see immediately that tells them I have a worthwhile employee that has a major problem with drugs or alcohol?

DR. MASI: That's right. The main thing is we're not, first of all, on a witch hunt. That the important thing is for the manager and supervisor to do the job of the manager and supervisor and to look for deteriorating work performance.

What happens, for example, when they have an employee that has really been performing over the years and suddenly that performance starts to drop? The absenteeism is out of hand, the personality begins to change. These are the kinds of things.

But what we've learned in both private industry as well as public are that managers and supervisors are just like family members, or just like friends. Nobody wants to confront. Everyone is kind of afraid to do this. So as a result, they coverup, they deny, they promote people, they demote them, they put them on detail, they put them into disability retirement. These are the kinds of things that we're trying to help the managers understand that's not really helping the employee.

DYER: So what do they do instead of just hiding the problem and looking the other way?

DR. MASI: What they should really do. When they've

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dealt with any employee and they realize there's a problem there but they don't know what else to do is that they should refer to the Employee Assistance Program. And that's why these programs are growing, really, in leaps and bounds and they're are wonderful because they are a way of helping the employee but it's also good personnel management. So dually, the employer is being helped because he's saving on productivity, but more important he's really saving his, you know, his employee.

DYER: All right. Now what about the employee? He's going to be frightened by all of this. His first thought has got to be my job, my career, what going to happen to my family? Is all this going to go away now that they know?

DR. MATHER: That's right. That's right. But you know what's important about this is this is the dynamic, the why these programs work so well in industry. When you're dealing with addiction problems you're dealing with denial. And one of the most important things is that you've got to get through that denial. And we have found that the job is the most important way to do that.

The average person with an alcohol or drug problem will give up their family five years before they'll give up the job. That actually, when the person realizes what we're trying to do is create a false bottom before they really lose the job and the family and there really isn't much hope for much else.

DYER: All right. Correct me if I'm wrong. You said before that this is something that hits women particularly hard. Does that apply overall or are we talking just about the job again?

DR. MASI: I think -- I don't know if I said that. I think it hits everyone particularly hard. I would not say it hits women harder than men, I would not say it hits one group more than another. In other words, every place I go, for example, some places will say we must have more of a problem than anybody else. Or others will say we don't have any of a problem. It must be someone else's.

So actually, let me say that these illnesses are really what we call very democratic diseases. They hit all of us. Not that addiction necessarily hits all of us, but personal problems do hit people.

DYER: All right. So in other words too, would this also apply to the fact that no particular occupation is any more susceptible to finding employees with an alcohol or a drug problem than any other?

DR. MASI: That's right. The only thing we know is, for

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example, there is a slightly higher rate of alcoholism among the executive group. But beyond that, I mean, there are some populations that maybe we might think, for example, traditionally we thought the military has had a higher rate. But actually we've really not done that kind of research yet to really look at one, you know, as compared to the other.

DYER: All right. Dr. Masi, thank you for being with us. You have given us some insight and hopefully an audience as well. I'm (words unintelligible.)

DR. MASI: Thank you very much for having me.

DYER: Okay.